

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M48676

1. Entity Name

LEO FLOREZ REALTY, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90150 045 ***150.00

Principal Place of Business

1803 PONCE DE LEON BLVD
CORAL GABLES FL 33134-4418
US

Mailing Address

1803 PONCE DE LEON BLVD
CORAL GABLES FL 33134-3336
US

2. Principal Place of Business

1000 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE 202

City & State

CORAL GABLES, FL

Zip

33134-3336

Country

DADE

3. Mailing Address

1000 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE 202

City & State

CORAL GABLES, FL

Zip

33134-3336

Country

DADE

00003306



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2784600

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLOREZ, LEOPOLDO
511 S.W. 21ST ROAD
MIAMI FL 33129-1333

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

D
FLOREZ, LEOPOLDO
511 S.W. 21ST ROAD
MIAMI FL 33129-1333

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
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CITY - ST - ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Leopoldo Florez LEOPOLDO FLOREZ PRESIDENT 1/5/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 446-8224

CR2E034 (9/99)